



Lake County Environmental Laboratory - Public Works

Coliform Analysis Report Form

Certified Lab No. 17541

Facility No.: **097-0280**
Facility Name: **Brooks Farm**
Sampling Period: **4/1/2018** to **4/30/2018**
Group No.: **3**
Chlorine Exempt Supply: ☐ YES ☒ NO

Date/Time in Lab: **4/4/18 @ 12:00 KAR**
Date/Time Analyzed: **4/4/18 @ 1515**
Date Completed: **4/5/18**
Analyst's Signature: *[Signature]*

SAMPLES MUST REACH LABORATORY WITHIN 30 HOURS AFTER COLLECTION

Mail Water Supply Copy To:

LAKE COUNTY DEPARTMENT OF PUBLIC WORKS
650 WINCHESTER ROAD
LIBERTYVILLE, IL 60048

Contact Person for Unsatisfactory Results:

Name: Austin McFarlane
Phone: 1-847-377-7500
Email: amcfarlane@lakecountyil.gov

Date Collected: **4/4/2018**

Sample Collector: **Chase Tincher**

Sample Purpose: ☒ Routine

☐ New Construction Permit No. _____ FY _____
☐ Replacement ☐ Boil Order ☐ Other
☐ Invalid Sample ☐ Repeat Sample

Original Sample Lab No. _____
Original Sample Lab No. _____
Original Sample Lab No. _____

Method: ☐ MF ☐ MFT ☒ Colilert

Coliform Sampling

Bottle No.	Sample Site Number or Address (For Repeat Samples Include Sample Site No. & Address)	Sample Type	Time Collected	Total Res. Cl	Free Chlorine	Col Read	Total Coli	E. Coli	Opinion	Lab Number
1	C1C - 25874 Steeplebush	D	9:49	1.37	0.28		A	A	S	18DD0051-D1
2	C2D - 34148 Needlegrass	D	10:59	1.42	0.31		A	A	S	18DD0051-D2
3	WL01215	R	10:42	-	-		A	A	S	18DD0051-D3
4	WL01216	R								
5	Tap 01	F	10:12	1.51	0.23		A	A	S	18DD0051-D4

"A" indicates the absence of total coliform and E.coli in the samples.

"S" indicates the water sample is satisfactory.

Relinquished By: *[Signature]*

Received By: *Katie Rosado*

Date/Time: **4/4/18 @ 12:00**

For Positive or Invalid Samples

Person Notified: _____
Date Notified: _____ Date Bottles Sent: _____
Time Notified: _____ No. Bottles Sent: _____

Reason for Replacement:

☐ Sample More Than 30 Hours Old
☐ No Date/Time

Remarks: **BSDD0081 | BSDD0093**